

<b>NEVADA DEPARTMENT OF CORRECTIONS</b>	<b>SERIES 600 HEALTH CARE SERVICES</b>	<b>SUPERSEDES: AR 613 (05/08/02)</b>
<b>ADMINISTRATIVE REGULATIONS MANUAL</b>	<b>ADMINISTRATIVE REGULATION 613 ACCESS TO TREATMENT AND HEALTH ORIENTATION</b>	<b>EFFECTIVE DATE: 09/06/03</b>

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### **PURPOSE**

To ensure the availability of health care services within the Department institutions in a manner readily accessible to the inmate population.

### **AUTHORITY**

NRS 209.131  
NRS 209.381

### **RESPONSIBILITY**

All Department staff is responsible to ensure inmates access to medical, dental and mental health services.

### **DEFINITIONS**

None.

## **APPLICABILITY**

This regulation applies to all inmates within the Department from intake to discharge.

### **613.01 INMATE ACCESSIBILITY TO HEALTH CARE**

1.1 Health care services will be accessible to all inmates in a timely fashion. Inmates housed in segregation units will not forfeit the right of access to medical treatment. At the time of admission to an institution, each inmate will receive written and verbal instructions explaining access to health care services.

1.1.1 The medical complaints of inmates will be processed, reviewed, and responded to daily by trained medical personnel according to priority of the need.

1.1.2 In all cases, inmates will receive treatment for medical problems promptly from the appropriate level of medical personnel **(3-4343)**.

1.1.3 No inmate or staff member will inhibit or delay an inmate's access to medical services or interfere with medical treatment.

#### **1.2 Inmates' Right to Privacy; Informed Decisions and Consent**

1.2.1 All employees involved in the delivery of health services within the Department will treat all inmates who are receiving health care with professional consideration for their dignity.

1.2.2 Subject to security considerations, privacy for the inmate should be a primary consideration when providing medical treatment or procedures.

1.2.3 Inmates will be informed of the medical treatment and procedures to be performed and their consent will be obtained prior to its initiation.

1.2.4 In life threatening situations where consent cannot be obtained prior to the initiation of treatment to sustain life, emergency treatment may be initiated without consent.

#### **1.3 Informing Inmates About Access to Treatment**

1.3.1 The institution/facility will have a written procedure outlining access to sick call, emergency care, dental care, psychological services, and other health services and the processing of health related complaints.

1.3.2 Upon arrival at the given institution, inmates will receive a verbal briefing or written orientation as to the availability of and how to apply for health services.

1.3.2.1 Interpreters will be made available for inmates with language barriers or disabilities.

1.3.2.2 Inmates will also receive written instructions regarding access to health care upon arrival at a given institution.

1.3.3 Written instructions concerning access to health care will also be provided to each inmate upon entry to the institution.

1.3.3.1 The instructions may be in the form of an instruction sheet or included in the orientation manual.

1.3.3.2 This documentation will include:

- Location of the medical facility;
- Access to and times of sick call;
- Access to emergency care; and
- Procedure for acquiring dental and mental health services.

#### 1.4 Health Care For Inmates in Segregation

1.4.1 Segregated housing areas will be visited each day by a nurse or other qualified medical staff member to evaluate each inmate who wishes to be seen.

- A record of such visits will be made in the unit log.

1.4.2 A physician/mid-level practitioner will diagnose and treat any inmate referred by the nurse.

1.4.3 Examinations and treatments will be performed in an appropriate room in the unit when possible or the inmate may be removed to the infirmary or health unit under appropriate security for this purpose.

1.4.4 Emergencies or urgent health related complaints will be reported immediately to the medical staff for appropriate evaluation and disposition.

### **613.02 OUTSIDE MEDICAL TREATMENT**

1.1 All of the institutions non-emergency referrals will be in keeping with the Department's policy of basic health care maintenance and security requirements.

1.1.1 Any out-of-institution consultation or treatment must have prior approval of the Utilization Review Panel, excepting emergencies.

1.1.2 In the case of an emergency, a full explanation must be provided to the Medical Director/designee the next working day.

1.2 Out-of- institution, non-emergency medical services will be requested by a physician/mid-level practitioner as needed for diagnostic or therapeutic purposes beyond the capacity of institutional physicians and mid-level practitioners, e.g., EEG, CT scans, angiograms, surgeries.

1.4 An institution or facilities health authority is responsible for the primary health care and will monitor all treatments and medications requested by outside medical consultants.

1.5 For security reasons, inmates are not permitted to know either the time or date of an outside appointment.

1.6 The second opinion concept will be used as necessary to resolve borderline cases with the concurrence of the Medical Director.

1.6.1 Telephone consults or transfer of diagnostic data must be utilized when feasible.

1.6.2 Visits to specialists will only be used as a last resort.

1.7 Inmates returning from community hospitals must be cleared by medical staff prior to return to original housing in order to review of the inmate's condition, transfer, and medical orders.

### **613.03 VISITS TO INMATES BY PRIVATE PHYSICIANS**

1.1 The policy concerning professional visits by physicians or other health professionals to institutions for the purpose of examination and treatment at the request of inmates or relatives is as follows:

1.1.1 When an inmate, family member, attorney, or other interested party seeks a private examination of an inmate by a physician, psychiatrist, or other health professional from outside the Department, the request will be reviewed by the Medical Director.

1.1.2 Permission may be refused based on specific case factors.

1.1.3 Permission may be refused when admission of the particular person would likely create substantial stress between the inmate and the Department medical staff, or when the particular professional person is considered poorly or marginally qualified to conduct an objective examination.

1.1.4 Although examination by a particular person may be barred, no inmate will be barred from examination by outside professional persons.

1.1.5 Any examination may be temporarily postponed if an acute medical problem would be aggravated by an examination at a particular time.

1.1.6 The consultations ordinarily will be scheduled during working days and regular working hours, except in emergency situations.

- Cost for visits by physicians and other health professionals made at the request of the inmate, family, or attorney will not be borne by the Department.

1.1.7 When a professional person is approved to see an inmate, the usual procedures of consultation in medical practice will be followed.

- Usual standard procedure is for the outside physician to meet and discuss the case with the institutional physician/mid-level practitioner or the Medical Director.
- Following such a consultation, the outside physician may examine the inmate in private, subject to security considerations, and submit a written report of findings and recommendations to the institutional physician or Medical Director.
- Such post examination notations will be placed in the inmate's medical record with any pertinent pre-examination notations relating to the purpose of the examination.

1.1.8 Examinations by private physicians normally will be conducted within the institution.

1.1.8.1 The institution will not be obligated to transport an inmate to the office of a private physician unless the Medical Director considers it to be in the best interest of the State.

1.1.8.2 Costs will be borne by the inmate.

1.1.9 No outside professional will be allowed to order medication or treatment for an inmate.

1.1.9.1 As with all situations in which more than one professional person is involved, there may be some differences of opinion as to the course of treatment.

1.1.9.2 The institutional health authority will evaluate all recommendations for treatment, including those that come from outside sources, and then determine and order the best course of treatment for the inmate.

1.1.10 In the case of court ordered examinations by an outside physician the above procedures will be adhered to as much as possible.

## REFERENCES

ACA Standards 3-4343

**ATTACHMENTS**

None.

\_\_\_\_\_  
Jackie Crawford, Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Ted D'Amico, D.O., Medical Director

\_\_\_\_\_  
Date

**CONFIDENTIAL**

        
Yes

XX  
No

**THIS PROCEDURE SUPERSEDES ALL PRIOR WRITTEN PROCEDURES ON THIS SPECIFIC SUBJECT.**